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Repressed memory: Rethinking the impact of Latin America's forgotten pandemics

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Abstract

The 'Columbian exchange' (Crosby) after 1492 mixed bacteria and viruses from the 'Old' and the 'New World'; ever since then, epidemics have shaped the political course of events in Latin America and the Caribbean. While the diseases and their victims are largely forgotten in collective memory, they also remain marginal in much of conventional scholarship, as they are not easily framed in narratives of national history or social emancipation. The present contribution provides concrete examples that demonstrate the profound political impact of pandemics, but also the lack of attention they have received in standard textbooks and accounts of Latin American history. The conclusions call on scholars to fully embrace the insights from environmental history and epidemiological research into their teaching and writing on the region. *Keywords:* Public Health, epidemics, environmental history, ecology, yellow fever, covid-19, Cuba.

Resumen: Memoria reprimida: Reflexión sobre el impacto de las pandemias olvidadas de Latinoamérica

El 'intercambio colombino' (Crosby) después de 1492 mezcló bacterias y virus del Viejo y el Nuevo Mundo. Desde entonces, las epidemias han moldeado el curso político de los acontecimientos en Latinoamérica y el Caribe. Si bien las enfermedades y sus víctimas caen en el olvido en gran medida en la memoria colectiva, también permanecen marginales en gran parte de la literatura académica convencional, ya que no se enmarcan fácilmente en narrativas de historia nacional o de emancipación social. La presente contribución proporciona ejemplos concretos que demuestran el profundo impacto político de las pandemias, pero también la falta de atención que han recibido en los libros de texto estándar y en los relatos dominantes de la historia de Latinoamérica. Las conclusiones exigen que los académicos adopten plenamente las ideas de la historia ambiental y la investigación epidemiológica en su enseñanza y escritura sobre la región. *Palabras clave:* Salud pública, epidemias, historia ambiental, ecología, fiebre amarilla, covid-19, Cuba.

Introduction

It is almost 50 years ago that Alfred W. Crosby (1972) published his seminal book on the ‘Columbian exchange’, a founding text in the field of environmental history. Against a historiography of conquest and resistance, of economic motives and political rivalries, Crosby focused on the biological encounters of the Old and New Worlds: of maize and wheat, of animals and crops – but also of germs, viruses and bacteria. Regarding those micro-organisms, one point that did enter our textbooks was that the indigenous peoples of Latin America were not decimated merely by superior weapons and technology of the Spanish invaders, but even more so by the diseases they brought with them. Beyond this, the impact of pandemics on the political and social destiny of the continent largely remained out of sight of Latin American studies scholars, and it is just the recent COVID-19 crisis that reminds us how incomplete our accounts are when they miss how crucially infectious diseases have shaped the past and present of the continent.

While there has been considerable research on these matters, what is stunning is the extent to which conventional accounts have ignored this research, leaving it within the narrow confines of medical or environmental historians, epidemiologists and other specialists. The following pages seek to illustrate this gap. Rather than attempting a comprehensive stock-taking, they seek to demonstrate by examples, with reference to selected literature, the profound political impact of virus and diseases. In doing so, the text addresses the key role of the differential impact of epidemics on the population and reflects on the logics and legacies of colonial public health. The selected cases draw on yellow fever and the Spanish flu rather than on malaria, dengue or Zika. In regional terms, Cuba will serve as the main example to show the crucial impact of epidemics on the country’s political destiny, as well as the inadequate coverage this topic has received in conventional accounts. In Latin America, as elsewhere, epidemics are largely absent from collective memory, and the reasons for this ‘forgetting’ will be addressed. Rather than sketching out a new research agenda, these notes call on the wider scholarly community of Latin American Studies to more fully integrate the extant research on these issues in their understanding of the continent and in their writing and teaching.

‘Differential immunity’: Viruses as shields of local population

This essay starts by looking at an event that had great repercussion in Latin American (and actually world) politics: Cuba’s aborted independence of 1898. There is an abundance of literature on this episode, and the story is well known: Cuba’s nineteenth-century quest for independence culminated in the end of Spanish colonial rule in 1898, only for the country to fall under neo-colonial domination by the United States. Four years of United States military government were followed by independence under US tutelage, enshrined in

the Cuban constitution by the so-called Platt Amendment, which gave the United States the right to intervene whenever they felt it necessary. The 1959 revolution, led by Fidel Castro, is unthinkable without this history.

So where's the virus in this story? Few accounts mention it. In those that do the traditional narrative emphasizes that the four years of direct United States military rule, from 1898 to 1902, yellow fever – long endemic in Cuba – was finally brought under control. For old school modernisation theory, that was an example of the benefits from aligning with the West (Hitschman 1975). The familiar critical perspective then decried the elimination of yellow fever as a fig-leaf to cover up the far-reaching economic and political interests the United States pursued on the island but acknowledged the medical achievement as such.

Medical historians shows how far such accounts fall short of fully grasping what happened. The eradication of yellow fever was not a side-effect of US intervention, but a key driver of it, as the remarkable study by Mariola Espinosa (2009) argues. Moreover, it was not about winning 'the hearts and minds' of Cubans. In fact, the local population was largely immune to the disease due to childhood infections. Consequently, most Cubans did not feel that 'public health improved' (e.g. Aguilar 1993: 37) but rather objected to all medical efforts being concentrated on yellow fever when many more people were dying of tuberculosis and other ills.

These dynamics were not unique to Cuba, as Chalhoub's (1993) study of the social effects of yellow fever in Brazil in the nineteenth century showed. In Rio de Janeiro yellow fever was a key concern for the white elites; even where they were not relatively recent arrivals themselves, they were linked to global circuits of mobility and thus attached to people who were among the high-risk groups for the disease. As blacks and poor people were blamed for spreading the disease, the 'poor classes' became framed as 'dangerous classes' – not only in terms of crime, but also in terms of public health, justifying their forced removal from the city's centre. By contrast, the elites gave low priority and few resources to the much more widespread illnesses that afflicted poor people, who, in turn, resented (and resisted) the interventions of the *higienistas*.

Hence, both in Cuba and in Brazil, yellow fever eradication was not a humanitarian smokescreen to hide imperial or economic ambitions, but in itself it followed the mould and logic of colonial public health. Throughout the second half of the nineteenth century, trade ships from Havana brought yellow fever to New Orleans and other Southern ports of the United States. With every outbreak, hospitals were overrun, panic broke out, cemeteries filled up, business activity came to a halt, stock market values collapsed, quarantines were declared and lock-downs were imposed. Espinosa (2009: XXX). emphasizes: 'The primary concern of the occupation was not the health of Cubans, but the economic stability of the U.S. South'.

To win votes in the South, US presidential candidates routinely promised to rid it of the yellow fever menace; however, they did not propose doing it by

improving health care in the United States, but by taking over Cuba, whether by money or by force. In 1897, when yellow fever – and the associated panic – again swept through the Southern United States, the *Houston Daily Post* put it bluntly: ‘If annexing Cuba will result in eradicating yellow fever and quarantine, by all means let us annex it at once!’ (cited in Espinosa 2009: 28). Intervention in Cuba was framed as an act of self-defence: ‘The extirpation of Spanish rule in Cuba is a sanitary measure essential to the safety of the United States’ (cited in Espinosa 2009: 28). The study by Espinosa, a medical historian at the University of Iowa, positions yellow fever squarely in the center of international politics between Cuba, Spain and the United States. However, scholars of Cuba’s international relations never quite saw it in the same way. None of the major Latin Americanist journals carried a review of the book, not even the specialised *Cuban Studies*.

The Cuban case also provides strong evidence for the argument that John McNeill (2010) developed in his book on ecology and war in the Caribbean from the seventeenth to the twentieth century. For one, McNeill argued, we must accept that ‘lowly mosquitoes and mindless viruses can shape our international affairs’ (McNeill 2010: 2); and second, that we need to understand the profound political importance of ‘differential immunity’ (McNeill 2010: 4). While viruses and bacteria may not have designs and intentions of their own, infectious diseases do not strike everybody the same. They are partisan. ‘Such diseases’, McNeill noted, ‘then served as shields for local populations.’ In the Cuban wars of independence of the nineteenth century, yellow fever thus had been the rebels’ key ally against the Spanish reinforcements sent from the metropolis. In 1897 the Spanish army reported 2,129 dead in combat but 53,000 dead or critically ill from the disease (Aguilar 1993: 35). Still, our standard accounts are centred around machetes and military manoeuvres, bullets and battles, heroes and martyrs.

Strictly speaking, the ‘differential immunity’ to the virus is biological in nature, but the ‘differential impact’ of a pandemic on a population is strongly shaped by social conditions that go beyond the dichotomy of local versus recently arrived populations. As we are seeing with COVID-19 today, factors impacting on infection and mortality rates in the past included where people lived, what they did for a job, and whether or not they had good nursing and health care. Scholars have also pointed to the many ways gender issues come into play; one example is the fact that women, as is the case today, made up the majority of health care-workers with particularly high exposure to infection risks.¹

Returning to the United States-Cuban relations, yellow fever remained a crucial item on the political agenda after the United States military government took control of the island in 1898. In fact, the United States did not cede direct control of the island before yellow fever was brought under control. (Even now it is a matter of Cuban national pride that this was not the work of the United States military government only, but that the medical breakthrough was due to

the pioneering work of Cuban doctor Carlos Finlay, who had been the first to identify mosquitoes as the transmission vector of the disease).

Moreover, as the United States did not let Cuba become independent without tutelage, this tutelage explicitly included the yellow fever issue that was so dear to United States economic interests. One of the Platt Amendment's eight paragraphs obliged the island's government not to stray from the medical priorities set by Washington, 'to the end that a recurrence of epidemic and infectious diseases may be prevented, thereby assuring protection to the people and commerce of Cuba, as well as to the commerce of the southern ports of the United States and the people residing therein.'² However, few scholars found this passage worthy of note. For instance, Louis A. Pérez Jr.'s 540-page *Cuba – between reform and revolution*, probably the most widely used reference book on Cuban history in the United States, dedicates just one line to it: 'One [clause of the Platt amendment] prescribed continuation of sanitary improvements undertaken by the military government' (Pérez 1995: 186), as if it had been only about cleaner streets. Yellow fever does not even merit an entry in the book's index.

All of this might not be new for historians attentive to the ecological and epidemiological side of social affairs. In fact, there has been considerable research on the topic within the past decade or two. To the non-specialist, however, it is striking how little this topic has entered the broader field of Latin American studies, and the collective memory academic scholarship contributes to shape. A more comprehensive study could analyse the depth of this gap by screening the syllabi of university courses; the textbooks used in colleges and schools; polls with history teachers and students; and in many other ways. Such an endeavour is beyond the purview of this explorative contribution. Instead, this essay has sought to make the case by looking at concrete historic examples and by following up on it up in widely read reference works.

For another suggestive 'probe' we might take Wikipedia as a proxy for what we tend to call 'conventional wisdom'. Wikipedia's English and Spanish version both fail to mention yellow fever at all in their entries on 'History of Latin America'³ or 'History of the Caribbean';⁴ zooming in, nor does the 'History of Cuba' Wikipedia article,⁵ nor the more detailed entries for Cuba's War of Independence⁶ or the United States occupation.⁷ This is not merely a matter of ideology: the corresponding entries in Cuba's official answer to Wikipedia, the online encyclopaedia 'EcuRed', show similar results.⁸

So many muertos, so few memoria

The above analysis raises the question about the reasons behind these striking omissions. Espinosa explained it by the fact that for most scholars 'sanitation and the eradication of diseases are easily understood to be inherently desirable' (Espinosa 2009: 122), without reflecting on the conditions and implications of public health in the context of colonial (or post-colonial) North-South hierar-

chies. The answer may be even more complex. Under the spotlight of the coronavirus crisis, we have been reminded that the Spanish flu of 1918/1919 claimed more lives than World War I. However, there have been no monuments to remember its victims, nor did the disease make it into the school-books. Cemetery research shows that many urban graveyards in Latin America were founded for this exact reason: to bury the victims of large outbreaks of epidemics.⁹ There is little to remind people of these origins. Diseases, it seems, are not the stuff of edifying national narratives or for epics of social struggle. Alfred W. Crosby referred to the influenza of 1918 as ‘America’s Forgotten Pandemic’ (Crosby 1989[1976]), and psychologists would likely indicate that such an active act of ‘forgetting’ is what they would call ‘repressing’ uncomfortable memories.

Today, in the wake of the coronavirus pandemic, a book like science journalist Laura Spinney’s (2017) account of on the Spanish Flu has become a popular bestseller. Reflecting on ‘our collective forgetting of the greatest massacre of the twentieth century’ (Spinney 2017: 4), she sharpens our understanding of the 1918 influenza as not merely a European and North American (and certainly not a ‘Spanish’) phenomenon. Instead, it was a truly global one that travelled with war ships and mail boats to all corners of the world. Latin America had kept itself at the margins of the military slaughtering of the war but was not immune to the spread of the pandemic. In Brazil 300,000 people are estimated to have died; in Chile more than 40,000, in Venezuela 25,000, in Buenos Aires anywhere between 15,000 and 30,000, and for Mexico estimates range as high as 450,000 – far more people died from the influenza than from the Mexican Revolution’s combats (Alexander 2019).

These are massive numbers for populations that were considerably smaller than they are today. The economic and social effects were dramatic. In Rio de Janeiro, it is reported that half the population fell ill (Spinney 2017: 53), and those who survived suffered heavily from the economic fallout in the disease’s wake. Social tensions rose in many places, as black and poor people were blamed for spreading the disease. However, just like the SARS-CoV-2 virus a century later, the flu did not enter through slums or poverty but via the modern communication hubs of its day – except that, back then, this meant seaports and army transport routes, not airports and cruise-ships.

Regarding the virus’ differential impact on the population, the Spanish flu was quite the opposite to COVID-19: instead of the elderly being the prime risk group, mortality was highest among the 15–35 year-olds – ‘adults in the prime of life’ (Spinney 2017: 195). Again, the medical argument for this trend is ‘differential immunity’: Having been exposed to flu infections earlier in life, older people were better equipped to deal with the new type of influenza. Crosby partly explains the ‘forgetting’ of the 1918 influenza from this age bias in its victims; the fact that it did not so heavily affect those age cohorts, which made up most of the famous and powerful people of the day. But the Spanish flu did take the lives of their sons and daughters, and in Brazil the deaths in-

cluded president-elect Rodrigues Alves. Moreover, for Latin America, Crosby's other argument – that the victims of the 1918 influenza were 'diluted' in the high death toll of the war – does not apply. Their absence from our familiar historical narratives seems to have a different cause. Dying from disease is not easy to frame as a heroic death for the nation, liberty, revolution or any other superior purpose. They seem to be deaths without meaning. Memory remained individual, not public or collective; as Spinney (2017: 4) puts it, 'not as a historical disaster, but as millions of discrete, private tragedies'.

As in the case of yellow fever, the issue does not seem to be so much a lack of research; Spinney opened her account with the acknowledgement that 'since the late 1990s [...] Spanish-flu historiography has exploded'. The centenary of the pandemic gave it some attention in the broader public, but this has not yet made it into our general historical accounts, in which the pre-fix 'forgotten' – sticks to this as to other pandemics.¹⁰ Again drawing on the case of Cuba, that country's epidemiologists reported more than 5,000 deaths (Beldarraín Chaple 2019), which, as the authors noted, is in line with the global mortality rate. However, the EcuRed encyclopedia's entry for *Gripe española* states only 'United States and Europe' as affected areas.¹¹ Similarly, in a widely used textbook, Skidmore & Smith's *Modern Latin America* (first published in 1984 and now in its ninth edition), its 500-plus pages make no mention of the influenza of 1918 nor yellow fever (Green, Smith & Skidmore 2018). 'Historians, like other humans,' McNeill wrote in the introduction to his book on ecology and war in the Caribbean, 'typically prefer explanations for the course of human affairs that emphasize human roles and agency' (McNeill 2010: 8). They have integrated structure, social class, economic dynamics and cultural context. The 'lowly mosquitoes and mindless viruses' (McNeill 2010: 2) not yet quite.

Conclusion

This text does not call so much for a new research agenda; others are much more familiar with the research frontier in this field than the non-specialist author of these lines. Nor does the present contribution suggest that looking at pandemics of the past provides easy answers for dealing with the present, although, of course, it is always useful to have a comparative perspective that highlights similarities as much as differences. Essentially, this contribution is simply a call for a 'transmission agenda': to fully take the insights from environmental and epidemiological research into the core of interdisciplinary Latin American and Caribbean studies, into our readings, writings and teachings. Almost 50 years after the publication of Crosby's 'Columbian Exchange', the COVID-19 crisis forcefully reminds us that awareness of the ecological context in which we humans operate does not stop at resource extractivism and rain forest destruction, climate change and micro-plastics, but that it also encompasses our uneasy co-existence with nature's smallest beasts, the viruses, bacteria and germs that inhabit our world and our bodies.

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Notes

- 1 For example, see the work of Wenham et al. (2020) for the gendered impacts of the COVID-19 pandemic.
- 2 Cited from the official United States transcript of the Platt Amendment: <https://www.ourdocuments.gov/doc.php?flash=false&doc=55&page=transcript>
- 3 https://en.wikipedia.org/wiki/History_of_Latin_America; in Spanish: “Historia de América Latina”: https://es.wikipedia.org/wiki/Historia_de_Am%C3%A9rica_Latina
- 4 https://en.wikipedia.org/wiki/History_of_the_Caribbean; in Spanish: “Historia del Caribe”: https://es.wikipedia.org/wiki/Historia_del_Caribe
- 5 https://en.wikipedia.org/wiki/History_of_Cuba; https://es.wikipedia.org/wiki/Historia_de_Cuba
- 6 https://es.wikipedia.org/wiki/Guerra_de_Independencia_cubana; https://en.wikipedia.org/wiki/Cuban_War_of_Independence;
- 7 https://es.wikipedia.org/wiki/Primer_gobierno_militar_estadounidense_en_Cuba; https://en.wikipedia.org/wiki/United_States_Military_Government_in_Cuba
- 8 For example, [https://www.ecured.cu/Guerra_Necesaria_\(1895-1898\)](https://www.ecured.cu/Guerra_Necesaria_(1895-1898))
- 9 For the case of Argentine cemeteries, see Carballo et al., 2006.
- 10 For the Argentine case of the 1918 Influenza as a “History of a forgotten epidemic,” see Carbonetti (2010).
- 11 https://www.ecured.cu/Gripe_esp%C3%B1ola

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